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ABSTRACT

An anonymous survey of health and sexual behavior statistics from adolescents in North Dakota is presented in this document. Seventeen thousand students from North Dakota schools in grades 9-12 participated in the survey. Survey questions were taken from the following categories: (1) safety; (2) suicide; (3) tobacco, alcohol and other drugs; (4) sexual behavior; (5) nutrition; (6) dental health; and (7) physical fitness. Major findings were: (1) North Dakota students are more likely to drink alcohol heavily and use smokeless tobacco excessively and are less likely to take safety precautions; (2) North Dakota students are less likely to have sexual intercourse, more likely to use condoms and less likely to become involved in physical fights; and (3) North Dakota Students are more likely to participate in school physical fitness activities. A copy of the survey as well as tables indicating how North Dakota Student responses compared to the national average are included in the document. (SR)

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ED 388 892

SUMMARY
Adolescent Health in North Dakota:
Findings of the 1992 Youth Risk Behavior Survey

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Adolescent Health in North Dakota:
Findings of the 1992 Youth Risk Behavior Survey

I. Executive Summary

- An adolescent health survey, including sexual behavior questions, can be successfully conducted in North Dakota with adequate protection of student confidentiality.

- North Dakota students differ somewhat from national averages. North Dakota students are more likely to drink alcohol heavily and use smokeless tobacco excessively and are less likely to take safety precautions. On the other hand, North Dakota students are less likely to have sexual intercourse, more likely to use condoms, and less likely to become involved in physical fights. North Dakota students are also more likely to participate in school physical fitness activities.

SPECIFIC FINDINGS

Safety

- North Dakota students, grades 9-12, are much less likely to always use safety belts (8.3%) than the national average (28%).

- Only 21.3% of North Dakota students, grades 9-12, always wear a motorcycle helmet compared to the national average of 39%.

- North Dakota students, grades 9-12, were less likely to have been in a physical fight in past 12 months (37.1%) or have carried a handgun in past 30 days (9.7%) than the respective national averages (42% and 11%).

Suicide

- North Dakota students', grades 9-12, status on suicide consideration (30.1%), planning (19.4%), and attempting (8.0%) in past 12 months was very similar to respective national averages (29%, 19%, 7%).

Tobacco, Alcohol, and Other Drugs

- North Dakota students, grades 9-12, were as likely to smoke cigarettes regularly (20.4%) as the national average (21.3%). North Dakota male students, grades 9-12, were much more likely to use smokeless tobacco (29.7%) than the national average (19%).

- North Dakota students grades 9-12, were more likely to use alcohol in past 30 days (58.3%), use alcohol heavily in past 30 days (42.3%), and drink and drive (30.4%) than the respective national averages (51%, 31%, 16.7%).

- North Dakota students have one of the lowest, if not the lowest, rates of marijuana use in the past 30 days (5.9%) in the United States (national average 15%).

Sexual Behavior

- North Dakota students have one of the lowest rates of sexual intercourse (48.6%) and multiple sexual partners (14.7%), and one of the highest rates of condom use (54%) in the United States when compared to respective national averages (54%, 19%, 46%).

Nutrition

- North Dakota students, grades 9-12, were slightly more likely to consume 5 or more servings of fruits and vegetables a day (13.9%) when compared to the national average of 12.9%).

- North Dakota female students were more likely to be trying to lose weight (68.3%) than the national average for female students (61.7%).

Dental Health

- Only 76.3% of North Dakota students in grades 9-12 brush their teeth each day in the past week. Over 70% (71.3%) of North Dakota students have had at least one dental cavity.

Physical Fitness

- North Dakota students, grades 9-12, were more likely to attend physical education classes (64.4%) and attend daily (24.3%) than the respective national averages (56.5% and 21.5%).

II. Acknowledgements

The author wishes to thank the many people involved in the preparation of this document. Dave Cunningham sparked the idea of an adolescent health survey to assist in the needs assessment of adolescent health as part of the Maternal and Child Health Block Grant. Dave Cunningham also secured the funding to conduct the survey.

The following people developed state-specific questions to be included in the YRBS; Kathy Mangskau, Carol Holzer, Karen Oby, and Danielle Kenneweg. Special thanks must be given to Sister Paula Ringuette for suggesting that abstinence and peer pressure questions be included.

The support of the survey by Barb Norby of the North Dakota School Boards Association and Larry Klundt of the North Dakota Council of School Administrators was appreciated.

Linda Johnson of the Department of Public Instruction supervised the preparation of a summary of the YRBS written by Pam Vukelic.

Ros Norstedt and Barb Nechiporenko contributed their talents in manuscript preparation and graphic design respectively.

Dr. Richard Landry of the University of North Dakota assisted in the preparation of the survey along with conducting the survey and tabulating the results. Dr. Laura Kahn at the Centers for Disease Control provided national results for many questions included in the YRBS. Jean Kosmatka assisted the MCH Division in data analysis.

Finally, the author wishes to thank Shaun McDonough for his preparation of dental health and physical activity graphics for each of the counties.

III. Introduction

The 1992 Youth Risk Behavior Survey (YRBS) was conducted in order to assess the status of adolescent health behaviors in North Dakota. The North Dakota State Department of Health and Consolidated Laboratories (NDSDHCL) funded the survey. Although the primary intent of the YRBS was to meet requirements of the Maternal and Child Health (MCH) Block Grant, information from the YRBS will be helpful in community assessment of adolescent health problems.

The North Dakota YRBS was largely based on the YRBS survey developed by the Centers for Disease Control (CDC). The CDC YRBS is an excellent survey instrument in that many of the questions are designed around National Year 2000 Health Objectives.

The 1992 North Dakota YRBS is important in several respects. For the first time, statewide and countywide adolescent health behavior data is available for many areas of the state. Sexual behavior questions were included for the first time in North Dakota. The 1992 North Dakota survey was the largest ever conducted of a CDC YRBS, showing that the "census" approach rather than the "sample" approach is possible.

IV. Survey Methods/Response Rate

The 1992 North Dakota YRBS was based on the CDC YRBS for several reasons. First, the CDC survey has been used in many states after undergoing considerable research and field testing. Second, many of the questions used in the CDC survey are based on Year 2000 Objectives for the nation. Year 2000 Objectives are used in many NDSDHCL programs for objectives and evaluation. Third, the CDC survey provides national data to serve as a basis for comparison for North Dakota students.

The standard CDC survey includes 75 questions. The North Dakota YRBS contained 90 questions. Questions pertaining to dental health (4); sexuality (4); nutrition (3); tobacco (2); alcohol (1); and, date violence (1) were added by the NDSDHCL to assist current programs within the Division of Maternal and Child Health and the Division of Health Promotion and Education. Three of the sexual behavior questions were added upon suggestion by the North Dakota Catholic Conference. National comparison data for the 15 added questions are not available.

Both the CDC and North Dakota surveys were voluntary and anonymous. Students received written instructions indicating that they should not sign their name and that they were not required to answer the survey. In order to insure confidentiality, each student was provided an envelope in which to place the answer sheet. The envelopes were sealed in the classroom. Furthermore, an additional confidentiality protection was added with data release. Only county-wide data from counties with a response rate greater than 50% is included in this document. Despite the fact that over 17,000 students participated in the YRBS, the NDSDHCL is unaware of even one case of a breakdown in anonymity or confidentiality.

The NDSDHCL chose to offer the YRBS to all schools in North Dakota providing an education to students in grades 9-12. Most states offering the YRBS have utilized a sample size of students to represent the state's student population as a whole. Given the strong tradition in North Dakota of local interest and control, the census approach was favored over a sampling approach. County-wide data was released to participating schools in 1992. This document provides the first public release of county-wide adolescent health data.

The survey was administered to students in grades 9-12 in participating schools. Approximately 35 minutes were needed to complete the survey. Dr. Richard Landry of the University of North Dakota, Bureau of Education Research, under contract with the NDSDHCL Division of Maternal and Child Health, sent survey forms to schools and tabulated the results. The Centers for Disease Control and Dr. Landry provided the results in table form. The Centers for Disease Control tables are available only for statewide results and form the basis for statewide data in this document. Dr. Landry's tables provide the data for the county information included in this document.

A packet of materials was sent to each superintendent and principal of schools with students in grades 9-12. The packet included support letters from the North Dakota Council of School Administrators and the North Dakota School Boards Association, a fact sheet on national school-based youth risk behavior survey, a rationale for questions based on the leading causes of morbidity and mortality, and objectives for the Year 2000. Information on commonly asked questions about youth risk behavior surveys and a copy of the North Dakota YRBS were also included in the packet.

The survey occurred in April and May of 1992. County-wide data was sent to participating schools in the fall of 1992. Public release of statewide results occurred in the fall of 1992 and the spring of 1993. The Department of Public Instruction prepared a summary of statewide results in February 1993.

A total of 17,052 students completed the YRBS. The overall response was 48.4% of the 35,233 students, grades 9-12, registered in public, private, and Native American schools in North Dakota.

Surprisingly, rural schools districts were much more likely to participate in the YRBS than urban schools districts. Only 34.8% of students in schools with a town or city population of 2,500 or greater participated in the YRBS compared to 66.0% of rural students. The urban school population was 20,019 while the rural population was 15,214 students. The lack of participation by the Fargo and Bismarck schools districts was significant to the poor response of urban schools.

There were differences in racial composition among rural and urban respondents. Rural students participating in the YRBS were comprised from the following racial groups: Caucasian, 88.9%; Native American, 7.7%; Hispanic, 0.9%; Black, 0.5%; Asian or Pacific Islander, 0.5%; and, Other, 1.4%. Urban students were comprised of the following: Caucasian, 91.5%; Native American, 2.4%; Black, 1.5%; Hispanic, 1.4%; Asian or Pacific Islander, 1.4%; and, Other, 1.8%.

The county response rate ranged from a high of 98.6% for Sheridan County, to a low of 0.6% for Oliver County. Many urban counties had low response rates: Cass, 1.4%; Burleigh, 3.8%; Morton, 8.2%; Stutsman, 38.2%; and, Barnes, 44.3%.

V. Assessment of Statewide Data

The assessment of statewide YRBS is divided among seven major behavioral risks and three major demographic categories. Year 2000 Health Objectives[1] and the most recent national YRBS data are used for comparison.

A. Safety

Fourteen of the ninety questions in the YRBS involved safety issues. Safety belt use, motorcycle helmet use, bicycle helmet use, swimming in absence of lifeguard, weapon carrying, and physical fighting were queried in the survey. The results generally indicate that North Dakota teenagers are less safety conscious than the national average.

Safety belt use (8.3% always wearing) was dramatically lower in North Dakota than the national average of 28%.[2] Urban/rural differences were substantial in North Dakota. Urban White males were more likely to always use safety belts (10.9%) than rural White males (4.0%). Urban White females were more likely to always use safety belts (13.8%) than rural White females. Females were somewhat more likely (9.6%) to always use safety belts than males (7.1%). Native American students were less likely to always use safety belts (3.2%) than White students (8.1%).

The most likely explanation for North Dakota's very low rate of adolescent safety belt use is the lack of a mandatory safety belt law. Adults who use safety belts are more likely to use child safety restraints for their children. Children who are properly restrained in automobiles are more likely to use safety belts when they become teenagers.[3] North Dakota adults have one of the lowest rates of safety belt use in the country.[4]

Motorcycle and bicycle helmet use were also lower in North Dakota than in the rest of the United States (Table 1). Male students were somewhat more likely to always wear motorcycle helmets (24.3%) than female students (17.2%).

The National Year 2000 Objectives will be impossible to achieve unless mandatory safety belt and motorcycle helmet use laws are passed by the Legislature and upheld by the citizens during possible referrals. Greater education efforts need to be made to increase bicycle helmet use. Education efforts can be effective in increasing bicycle helmet use[5] as can mandatory laws.[6]

TABLE 1 SAFETY			
BEHAVIOR	ND RATE	USA RATE	NATIONAL YEAR 2000 OBJECTIVE
Always Wears Safety Belts	8.3%	28%	85%
Always Wears Motorcycle Helmet	21.3%	39%	80%
Always Wears Bicycle Helmet	0.5%	1%	50%

Rates of physical fighting and weapons carrying were slightly lower in North Dakota than the national average (Table 2). Nevertheless, physical fighting remains a concern among North Dakota teenagers. Males were more likely (43.4%) to have been in a physical fight than females (30.4%). Younger students were more likely to have been in a fight (9th grade - 42.1%) than older students (12th grade, 30.6%). Native American males (52.8%) and females (52.3%) were more likely to have been in a fight than White males (42.5%) and White females (28.9%).

North Dakota students were slightly less likely than the national average to have carried a weapon recently (Table 2). North Dakota males were more than six times as likely to have carried a weapon (39.9%) than females (6.0%). Although there was little difference in White and Native Americans in weapon carrying, Native American males were more than twice as likely (15.8%) to have carried a handgun than White males (7.6%). Younger students (9th grade - 25.6%) were more likely than older students (12th grade - 20.3%) to have carried weapons.

TABLE 2 PHYSICAL FIGHTING			
BEHAVIOR	ND RATE	USA RATE	NATIONAL YEAR 2000 OBJECTIVE
Physical Fight Past 12 Months	37.1%	42%	NA
Carried Weapon Past 30 Days	23.4%	26%	NA
Carried Handgun Past 30 Days	9.7%	11%	NA
NA - Not available, stated as a percentage reduction with unavailable baseline data.			

B. Suicide

North Dakota teenagers were nearly identical to the national averages in suicide behavior (Table 3). Generally, North Dakota female students were twice as likely to seriously consider (38%), plan (24.6%), and attempt (10.9%) suicide than males (22.2%, 12.2%, 5.1% respectively). Female students were also more likely to have sought medical attention for attempted suicide (2.5%) than males (1.7%). Suicide activity was more common in younger students than older students. There was little difference between urban and rural students in suicide behavior.

Native American female students were at particularly high risk for suicide behavior. Over forty percent (43.7%) had considered suicide, while 30.4% had planned suicide in past year. Over twenty percent (21.5%) of Native American female students had attempted suicide compared to 11.6% of White female students. Nearly eight percent (7.9%) of Native American female students sought out medical attention for a suicide attempt in past year compared to 2.5% for White female students. The information is particularly alarming in that over one quarter (26.1%) of 9th grade Native American female students had attempted suicide in past year.

TABLE 3
SUICIDE

BEHAVIOR	ND RATE	USA RATE	NATIONAL YEAR 2000 OBJECTIVE
Considered Attempting Suicide Past 12 Months	30.1%	29%	NA
Planned Suicide Past 12 Months	19.4%	19%	NA
Attempted Suicide Past 12 Months	8.0%	7%	1.4% estimate
Suicide Attempt Required Medical Attention Past 12 Months	2.1%	2%	NA

NA - Not available, stated as a percentage reduction with unavailable baseline data.

C. Tobacco, Alcohol, and Other Drugs

North Dakota students differ considerably from their national counterparts when it comes to drug use. Marijuana use is at very low rates in North Dakota when compared to national averages. On the other hand, smokeless tobacco use and alcohol use appear to be of considerable problem among North Dakota teenagers.

A total of 27 questions (30%) out of 90 in the YRBS involve drugs of some sort. Detailed analysis of all drug questions is beyond the scope of this report. The following information, however, can help compare North Dakota students to those outside our state.

Tobacco Use

Cigarette smoking rates in North Dakota are remarkably similar to national averages. Over two-thirds (68.2%) of North Dakota students in grades 9-12 have ever tried a cigarette, very close to the national average of 70.1%. Frequent cigarette use is defined by the Centers for Disease Control as smoking 20 or more days in the previous month. Nearly as many North Dakota students were frequent smokers (12.3%) as the national average (13%). Thirty percent (30.4%) of North Dakota students had at least one cigarette in the past 30 days compared to the national average of 28%. As with national data, there is now very little difference in cigarette smoking rates among male and female students.

Cigarette smoking rates for older students are higher than for younger students. For example, 14.9% of 12th grade students are frequent smokers compared to 9.0% for 9th grade students. Frequent cigarette smoking rates rise each year from grade 9 to grade 12.

Striking racial differences exist in adolescent cigarette smoking in North Dakota. Nearly all (90.3%) of Native American female students had tried a cigarette compared to 63.5% for White female students. Native American female students were more than twice as likely (16.5%) to indicate that they would try smoking in next 12 months as White female students (7.7%). Native American female students were more likely to have tried a cigarette before age 13 (40.8%) than White female students (18.8%). An alarming 15.5% of Native American female students had become regular smokers before age 13 compared to 4.3% of White female students. The majority of Native American female students (62.0%) had a cigarette in the past month compared to 28.2% for White female students. Nearly one-third (30.2%) of Native American female students were frequent smokers compared to 11.1% for White students. In summary, Native American female students are two to three times as likely to smoke as White female students.

The differences in smoking rates for White and Native American male students is somewhat less striking as it is for female students. Over forty percent (42.1%) of Native American male students had a cigarette in the past 30 days compared to 31.3% for White students. Frequent smoking rates for males were higher for Native Americans (16.9%) than for Whites (11.6%).

North Dakota's rate of smokeless tobacco use is much higher than the national average (Table 4). Of twenty-three states participating in the YRBS, only Tennessee (34%), Montana (33%), Colorado (32%), Wyoming (31%), and Alabama (31%) had higher male smokeless tobacco use rates than North Dakota. South Dakota's rate of 29% is virtually identical to North Dakota's. The phenomena of high rates of adolescent male smokeless tobacco use is found throughout the Northern Plains States.

Smokeless tobacco use remains primarily a male health problem. Male students were over six times (29.7%) as likely to use smokeless tobacco as female students (4.6%). Native American female students, however, were considerably more likely to use smokeless tobacco (12.9%) than female White students (3.8%). Native American male students (38.8%) use smokeless tobacco at higher rates than White male students (29%).

Male smokeless tobacco use is already very common (25.8%) in the 9th grade. Nearly one-third (31.8%) of 12th grade male students had used smokeless tobacco in the past 30 days.

Illegal sales of cigarettes and smokeless tobacco remains widespread in North Dakota. Nearly two-thirds (63.8%) of White male students and 71.3% of Native American male students usually purchase smokeless tobacco themselves, illegally, from convenience stores or grocery stores.

Cigarettes are primarily obtained by students in grades 9-12 through illegal over-the-counter sales from convenience stores and grocery stores.

Heavy tobacco industry advertising and continued easy access to illegal cigarettes are the primary reasons that little or no progress has been made in reducing adolescent tobacco use. Nationally, 57.5% of smokers age 12-17 usually purchase their own cigarettes.[9] Smokers aged 16-17 years usually bought their own cigarettes two-thirds (66.6%) of the time. Of those smokers aged 12-17 who usually purchased their cigarettes, 84.5% often or sometimes used small stores, 49.5% used large stores, while 14.5% used vending machines.

Progress in reducing adolescent tobacco use will be difficult in North Dakota. The communities of Grand Forks, Bismarck, Mandan, Valley City, Jamestown, and Fargo have begun initial efforts to restrict illegal access to tobacco by passing vending machine ordinances. Only Jamestown has passed an ordinance allowing local

licensing of over-the-counter sales of tobacco. These community efforts, however, have often encountered considerable opposition from the tobacco industry and their allies.

The 1993 Legislative Assembly failed to pass a bill (House Bill 1430) that would have allowed local licensing of tobacco. Only communities with Home Rule Charters will be able to address this issue in the next two years. House Bill 1430 was vigorously opposed by tobacco companies and their allies from North Dakota Grocers Association, along with lobbyists for convenience stores, vending machines, and gas stations. Not only is it unfortunate that many grocery stores, convenience stores, and gas stations are illegal drug dealers to North Dakota teenagers, but it is even of more concern that these illegal tobacco sellers wish to continue their illegal trade.

One gas station chain has emerged as a leader in curbing illegal tobacco sales. The SuperAmerica Corporation utilizes random checks of their employees to prevent illegal tobacco sales. Proof of age is required for a tobacco sale to anyone appearing age 25 or younger.

Alcohol Use

North Dakota teenagers appear to use and misuse alcohol at rates greater than national averages (Tables 4 and 5). The majority of teenagers in the survey (58.3%) had at least one drink of alcohol in the past 30 days compared to 51% for the national average. The Year 2000 Objective is 12.6%. Alcohol use in past month rose from 46.5% for North Dakota 9th graders to 69.2% for 12th graders.

Males and females differed little in alcohol use in past 30 days (59.2% males, 57.3% females). Also, there were little racial differences in alcohol use. Alcohol use in past 30 days differed little between White females (57.4%), Native American females (66.4%), White males (59.6%), and Native American males (56.4%). Heavy alcohol (5 or more drinks on one occasion in past month) also differed little among White females (40.2%), Native American females (54.2%), White males (46%), and Native American males (47.4%).

Alcohol shares with tobacco the distinction as being the drugs of choice for North Dakota teenagers. Previous Drug and Alcohol surveys by the Departments of Human Services and Public Instruction have shown that smokeless tobacco use actually precedes alcohol use as the first drug exposure for North Dakota teenagers. In the 1992 YRBS, 36.7% of students in grades 9-12 had their first drink of alcohol other than a few sips prior to age 13. Nearly one quarter (24.1%) of students smoked a whole cigarette for the first time prior to age 13. Only 3.9% of students tried marijuana for the first time prior to age 13.

The percentage of students who had at least one drink of alcohol on one or more days during their life was identical for male students (83.9%) and female students (83.9%). Lifetime alcohol use rose from 75.5% for 9th graders to 91.2% for 12th graders.

Heavy (binge) alcohol drinking is common among North Dakota teenagers. The majority (54.1%) of 12th grade students had 5 or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days. Male 12th grade students were more likely to be heavy drinkers (60%) versus females (47.6%). The rates of heavy drinking exceed national averages for all 9-12 grade students (ND 42.3%, USA 31%), male students (ND 44.7%, USA 36%), and female students (ND 39.8%, USA 26%).

North Dakota students in grades 9-12 were nearly twice as likely to drink and drive in the past month (30.4%) than the national average (16.7%). Higher rates than national averages occur at each grade (Table 5). North Dakota students were also more likely to have rode in a car in the past 30 days driven by someone who had been drinking alcohol (52.4%) than the national average (39.9%). The alarmingly high rates of drinking and driving may be explained by high rates of heavy drinking and the rural nature of the state (requiring automobiles for the long distances to travel). Rural White male students were more likely to drink and drive (39.6%) than urban White male students (29.6%). Rural White female students were more likely to drink and drive (29.6%) than urban White female students (24.1%).

North Dakota students may be copying adult role models in alcohol use. North Dakota adults have historically exceeded national averages in binge drinking and drinking and driving.[4]

Marijuana

North Dakota students use marijuana at very low rates when compared to national averages. Under six percent (5.9%) of students in grades 9-12 had used marijuana in the past 30 days. North Dakota has a lower rate of marijuana use than 23 states participating in the 1991 CDC YRBS. Utah (9%), South Dakota (10%), Nebraska (10%), Idaho (10%), and Alabama (10%) also had low marijuana use rates.

Marijuana use in past 30 days did not vary much among North Dakota 9th graders (4.5%) and 12th graders (6.5%). Males were more likely to use marijuana in the preceding 30 days (7.1%) than females (4.6%). Native American males (19.9%) and females (19.7%) were more likely to use marijuana than White males (6.4%) and females (3.7%).

Lifetime marijuana use was much lower in North Dakota (14.6%) than the national average of 31%. Only 3.9% of North Dakota students had tried marijuana prior to age 13. North Dakota experience with marijuana shows the benefits of delayed onset

of drug use, relative drug inaccessibility, no drug advertising, and strong parental disapproval.

Cocaine

Cocaine use in past 30 days (1.9%) and lifetime (3.3%) in North Dakota approximate national rates of 2% for 30 day usage and 6% for lifetime usage. Only 1.6% of North Dakota students indicated that they had used cocaine prior to the age of 13.

Steroid Use

Lifetime steroid use rates for North Dakota students (3.6%) were close to the national average of 3%. North Dakota male students were more likely to have taken steroid pills or shots (5.2%) than female students (1.9%).

TABLE 4 TOBACCO, ALCOHOL, AND OTHER DRUG USE			
BEHAVIOR	ND RATE	USA RATE	NATIONAL YEAR 2000 OBJECTIVE
Frequent Cigarette Use Past 30 Days	12.3%	13%	15% *
Male Smokeless Tobacco Past 30 Days	29.7%	19.2%	4%
Alcohol Use Past 30 Days	58.3%	51%	12.6%
Heavy Drinking Past 30 Days	42.3%	31%	NA
Marijuana Use Past 30 Days	5.9%	15%	3.2%
Cocaine Use Past 30 Days	1.9%	2%	0.6%
Lifetime Male Anabolic Steroid Use	5.2%	4%	3.0%
* Rate for regular smoking - not defined as number of days smoked in past 30 days. NA - Not available.			

TABLE 5 DRINKING AND DRIVING PAST 30 DAYS		
GRADE	NORTH DAKOTA	UNITED STATES
9	15.4%	6.0%
10	27.5%	11.9%
11	38.2%	20.5%
12	44.8%	28.2%
9-12	30.4%	16.7%

D. Sexual Behavior

Fifteen of the ninety questions involved sexual behavior, including four questions added by the NDSDHCL to the core national survey. Sexual behavior questions are among the most important in the YRBS. The consequences of premature sexual behavior (pregnancy, sexually transmitted disease) may actually exceed the adverse consequences of alcohol, tobacco, and illegal drug use during the adolescent years.

North Dakota compares favorably to national averages in several key aspects of adolescent sexual behavior (Table 6). North Dakota students were less likely to ever had intercourse, less likely to had multiple sexual partners and more likely to have used condoms than national averages. The YRBS responses are consistent with North Dakota's lower than national rates of sexually transmitted diseases and teenage pregnancy.

Nearly half (48.6%) of North Dakota students in grades 9-12 had sexual intercourse. Only one-third (32.6%) of 9th grade students had ever had sexual intercourse compared to two-thirds (65.6%) of 12th grade students. Male students were slightly more likely to ever had intercourse (50.9%) when compared to female students (46.1%).

North Dakota's percentage of students with lifetime sexual intercourse was similar to other western or midwestern states: South Dakota (48%); Iowa (48%); Oregon (47%); and, Wisconsin (49%). Of the twenty-three states with published results, North Dakota had one of the lowest rates of adolescent sexual intercourse.

Despite the favorable ranking compared to other states, North Dakota is far from reaching Year 2000 Objectives for adolescent sexual intercourse. Nearly one-third (32.2%) of North Dakota teenagers have sex at or prior to age 15. The Year 2000 Objective is 15% for those age 15 years. North Dakota has a slight chance to meet the Year 2000 Objective for 17 year olds (North Dakota rate-53.8%, Year 2000 Objective-40%). Unfortunately, very little is known about effective techniques to forestall the onset of sexual intercourse. Even less is known of society's willingness to adopt effective preventive techniques if such techniques conflict with community values.

Urban North Dakota students had consistently higher (although slightly higher) rates of sexual intercourse than rural students for males, females, Whites, and Native Americans. Native American students were also more likely to have had sexual intercourse (70.4%) than White students (45.3%). Native American 12th grade students were very likely to ever had intercourse (84.8%).

In addition to having a lower rate of sexual intercourse than the national average, North Dakota students were more likely to have used a condom during their last

sexual intercourse (54.0%) than the national average (46%). In fact, condom use by North Dakota students was higher than the 23 states with published data.[10]

Condom use was higher in White students (55.6%) than in Native American students (40.2%). Condom use by White students did not vary much by grade level (58.1%, 9th graders; 52.8%, 12th graders). However, there was a substantial decrease in condom use by Native American students in the higher grade levels. Only 29.0% of Native American 12th grade students used a condom during last intercourse compared to 51.6% for 9th grade Native American students.

There was no significant difference between urban and rural students with condom use.

The North Dakota YRBS included three state-specific questions concerning abstinence and peer pressure. The questions were added upon suggestion by the North Dakota Catholic Conference. Comparative national data is not available for these three questions.

North Dakota students were not likely to indicate that sexual abstinence was a significantly important priority in their lives. When asked "To what extent is sexual abstinence a priority for you at this time in your life?" only 32.3% of students answered very or quite important compared to 46.4% for slightly important or not important at all. Over twenty percent (21.4%) answered that sexual abstinence was an important priority.

Male students (25.3%) were less likely to indicate that abstinence was a very or quite important priority when compared to female students (39.6%). Native American students (29.7%) were nearly as likely to given abstinence a high priority (very or quite important) as White students (32.4%).

The percentage of students giving abstinence a high priority fell steadily as students moved to higher grades. For example, 35.1% of 9th grade students gave abstinence a high priority compared to 28.3% for 12th grade students. When one considers that the average age of marriage is 24-26 years of age and that only one-fourth of senior students gave abstinence a high priority, the difficulty in achieving lifelong mutual monogamy and one lifetime sexual partner becomes evident.

The majority (62.2%) of students absolutely believed that abstinence is the only 100% sure way of avoiding pregnancy, venereal disease, or AIDS. Males (58.2%) were somewhat less likely to be in absolute agreement with the statement when compared to females (66.3%). White students (62.6%) were slightly more likely to absolutely believe in abstinence as protection when compared to Native American students (57.2%).

The majority of students (55.8%) felt that peer pressure did not influence their sexual activity at all. Only 8.2% of students indicated that peer pressure influenced their activity to a great extent, while 36.0% indicated the peer pressure influenced activity somewhat. Female students were more likely to discount peer pressure (59.7%, not at all) compared to male students (52.0%, not at all). Native American students were more likely to indicate peer pressure influences (10.7% great extent; 40.3% somewhat) than White students (7.8% great extent, 35.8% somewhat).

The information from the YRBS may help refute certain myths concerning youth sexuality. Some adults may choose to believe that teenagers are forced into sexual intercourse by peer pressure, not knowing the benefits of abstinence. North Dakota students appear to know the benefits of abstinence yet abstinence does not appear to be a great priority. Peer pressure does not appear to be the major influence in teenagers' decisions to have intercourse.

The epidemics of the Human Immunodeficiency Virus and out-of-wedlock pregnancy have created a long needed interest in preventing teenage intercourse and pregnancy. Unfortunately, easy answers are not available. Abstinence-only curriculums do not work nor do knowledge-based programs or school-based clinics by themselves.[12, 13] There is hope that school-based programs centered on social learning models may help as they have helped in tobacco and alcohol prevention. Community commitment should support the inclusion of sexual intercourse prevention in junior and senior high school grades in addition to community support outside the classroom. Programs must be evaluated for effectiveness using self-reported behavior (such as YRBS) and teenage pregnancy data. Unfortunately, there appears to be weak support in North Dakota for anything other than abstinence-only programs.

TABLE 6 SEXUAL BEHAVIOR			
BEHAVIOR	ND RATE	USA RATE	NATIONAL YEAR 2000 OBJECTIVE
Ever Had Sexual Intercourse, Age 15	32.2%	NA	15%
Ever Had Sexual Intercourse, Age 17	53.8%	NA	40%
Ever Had Sexual Intercourse, Grades 9-12	48.6%	54%	NA
Ever Had Intercourse, Now Abstinent 3 Months	31.4%	31%	40%
Contraception, Any Sexually Active Teenager	81.2%	82%	90%
Discussed Sex With Parents-Parent	50.8%	61%	
And/Or			85%
Other Parentally Endorsed Source-School	75.5%	83%	
Condom Use, Last Sexual Intercourse	54%	46%	50%
Females, Ages 15-19	50%	38%	60%
Males, Ages 15-19	57.6%	54%	75%
Four or More Sexual Partners	14.7%	19%	NA
Four or More Partners Past 3 Months	2.7%	NA	NA
Alcohol Use Before Sex	15.1%	NA	NA
Involved in Pregnancy	4.4%	NA	NA
Had Sexually Transmitted Disease	5.1%	NA	NA
NA - Not available.			

E. Nutrition

Fourteen questions involved nutrition. The nutrition questions were focused in three areas: body weight perceptions, weight change practices, and types of food consumed.

Unfortunately, national data was not available from the Centers for Disease Control concerning body weight perceptions from the 1991 national survey. In 1990, the national survey offered students three choices: too thin (underweight), about the right weight, or too fat (overweight). The 1990 national survey question is considerably different from the 1992 YRBS, thus preventing a comparison.

Over one-third of North Dakota students (38.2%) felt themselves to be overweight, although only 6.0% of students indicated that they were very overweight. Nearly half (44.9%) indicated they were about the right weight while 16.9% were underweight.

Strong gender differences existed in body weight perceptions. Female students were twice as likely (51.1%) to consider themselves as overweight as were male students (25.9%). Male students were more than twice as likely (23.4%) to consider themselves underweight as were female students (10.3%). Male students were more likely to feel they were at the right weight (50.8%) than were female students (38.7%). Native American students were more likely to feel that they were overweight (44.3%) when compared to White students (38.0%).

Nearly half of North Dakota students (46.9%) were trying to lose weight. North Dakota students were more likely than national students to be trying to lose weight at each grade level for both males and females (Table 7). Whether or not this is due to a heavier body weight perception is unknown. North Dakota adults have been more likely than the national average to report overweight in the Behavioral Risk Factor Survey.

Over two-thirds (68.3%) of female students were trying to lose weight. The large percentage of female students trying to lose weight occurred at each grade level. Female students were more than twice as likely as male students (26.6%) to be trying to lose weight.

When asked what they had done in the past seven days to lose weight or to keep from gaining weight, only 44.1% of North Dakota students (26.9% females, 60.4% males) indicated that they had done nothing. Males and females differed significantly in their efforts to lose weight.

TABLE 7 TRYING TO LOSE WEIGHT						
	MALE		FEMALE		ALL	
GRADE	N.D.	U.S.	N.D.	U.S.	N.D.	U.S.
9	27.7%	23.3%	67.6%	63.2%	47.5%	43.0%
10	26.5%	22.9%	68.0%	61.1%	46.7%	41.3%
11	25.5%	23.4%	68.9%	62.6%	46.8%	42.4%
12	25.9%	21.1%	69.2%	60.6%	46.7%	40.7%
9-12	26.6%	22.7%	68.3%	61.7%	46.9%	41.8%

Male students were more likely to solely use exercise to control weight. Nearly one quarter of male students exercised to lose weight (24.2%). Only 3.3% dieted while 8.7% exercised and dieted to lose weight. Thus, males who were trying to lose weight were twice as likely to use exercise alone as compared to diet or diet and exercise.

Female students were more likely to use diet alone (12.6%) and diet and exercise (30.1%) in their weight loss efforts than to use exercise alone (23.7%). The percentage of female students relying on diet alone to control weight rose from 9th grade (9.8%) to the 12th grade (16.2%). The opposite occurred for exercise along with the percentage dropping from 27.3% to 20.8%, from 9th to 12th grade. Thus, older female students appear to be less likely to use exercise and more likely to use diet to control their weight.

A small percentage of students (5.6%) used vomiting, diet pills or both in the past seven days to control or lose weight. The percentages of students using these techniques in North Dakota (5.6% all, 3.8% male, 7.5% female) were higher than the national averages (3.5% all, 2.1% male, 5.0% female). There were no differences in North Dakota students utilizing vomiting or diet pills in 9th grade when compared to 12th grade. Native American students were more likely to use vomiting, diet pills or both (8.2%) than were White students (5.2%). Female students (7.5%) were twice as likely to use vomiting, diet pills, or both to control or lose weight as were male students (3.8%).

The percentage of students using vomiting, pills, or both is probably larger than the data would indicate. The question referred to vomiting and/or diet pill use in the past week. If the time frame was longer (i.e. month or year) the percentage of students utilizing these methods would undoubtedly be greater.

One of the Year 2000 Objectives is to increase the percentage of adults consuming five or more servings of fruits and vegetables a day. Nationally, 12.9% of students in grades 9-12 (15.2% males, 10.5% females) consumed five or more servings of fruits and vegetables the previous day.[14] North Dakota students (13.9% all, 16.6% male, 11.1% female) were somewhat more likely than national students to consume five servings a day of fruits and vegetables. North Dakota Native American students (14.8%) were slightly more likely than White students (13.6%) to eat fruits and vegetables five times a day.

The majority of North Dakota students (63.5%) reported eating two or less foods typically high in fat content in the previous day. North Dakota's intake of two or less fatty foods was similar to the national average of 64.9%. Male students were less likely to restrict fatty foods to two or fewer servings in past day (54.4%, North Dakota; 57.2%, National) than were female students (73.4%, North Dakota; 72.9%, National). North Dakota Native American students were more likely to restrict fatty foods to two or fewer in previous day (66.8%) than were White students (63.6%).

F. Dental Health

Four questions involved dental health (Table 8). Since dental health is not included in the national CDC survey, comparisons to the average American student is not possible. However, Year 2000 Objectives do address some aspects of dental health in adolescents.

One of the more interesting facts from the YRBS is that only 76.3% of North Dakota students in grades 9-12 brushed their teeth each day in the past week. The Year 2000 Objectives do not even include an objective for tooth brushing. Since tooth brushing is a preventive dental health behavior, one would think that a Year 2000 Objective would have been established. There may be an impression that the prevalence of daily tooth brushing is higher than it actually is, thus the lack of interest in a Year 2000 Objective for tooth brushing.

Male students (37.2%) were twice as likely to not brush their teeth daily when compared to female students (14.6%). Native American female students (31.2%) were more likely to not brush their teeth daily when compared to White female students (13.7%). Native American male students were also more likely to be non-daily brushers (45.6%) compared to White male students (31.5%).

The majority (65.8%) of 15 year old students have had a cavity, close to the Year 2000 Objective of 60% or less. White 9th grade students (15 years) were less likely to have cavities (males, 63%; females 67.2%) than Native American students (males, 74.7%; females, 80.3%).

The majority of students (76.3%) had visited a dentist in the past year. Female students (79.7%) were slightly more likely to have visited a dentist than male students (73.2%). White students (males, 74.4%; females 80.8%) were more likely to have visited a dentist than Native American students (males, 63.0%; females 68.2%).

There were no differences with urban and rural students in tooth brushing, cavities, and dental visits.

The percentage of students always wearing mouth guards during contact sports (12.6%) was low. Although appropriate national average data is lacking, the low rate of mouth guard usage is consistent with poor safety behaviors in other areas by North Dakota adolescents. Female students were very unlikely to always use mouth guards during contact sports (2.1%) when compared to male students (12.6%). There was little difference with White and Native American students in mouth guard usage.

TABLE 8
DENTAL HEALTH

BEHAVIOR	ND RATE	USA RATE	NATIONAL YEAR 2000 OBJECTIVE
% 15-Year Old Students With Cavities	65.8%	NA	≤ 60
% Students Grades 9-12 Brush Teeth Daily	76.3%	NA	NA
% Students Grades 9-12 Visited Dentist Past Year	76.3%	NA	NA
% Students in Contact Sports Always Using Mouth Guards	12.6%	NA	100% *

* Objective B.16 refers to organizations requiring mouth guards.

G. Physical Fitness

The last nine YRBS questions involved physical fitness. The most important question related to the number of days in the past week that a student participated in vigorous physical exercise. The wording of Question 82 is different from the 1990 CDC YRBS. The CDC has concluded that the 1991 national question (1992 North Dakota YRBS) was unsatisfactory and should not be analyzed.

The majority of North Dakota students (56.3%) did stretching exercises on 3 days in the previous week. There were no substantial differences between males (56.7%) and females (55.9%). Ninth grade students were more likely to do stretching exercises (66.3%) than 12th grade students (45.8%).

The majority of North Dakota students were also more likely to do strengthening exercises (54.3%). Males (61.6%) were more likely to do strengthening exercises than females (46.9%). Ninth grade students were more likely to do push-ups, sit-ups, or weight lifting on 3 of the past 7 days (63.3%) than were 12th grade students (45.0%).

North Dakota students were more likely to be enrolled in PE class (64.4%) and attend daily (24.3%) than the respective national averages (56.5% and 21.5%) (Table 9). North Dakota male students (25.3%) were slightly more likely than female students (23.4%) to attend daily PE classes. The Year 2000 Objective for daily PE class is 50% of students in grades 1 through 12.

Native American males (42.1%) were most likely to participate in daily PE class followed by Native American females (24.7%), White males (23.1%) and White females (22.5%). Urban White students were more likely to participate in daily PE than their rural counterparts while rural Native American students were more likely to have daily PE than urban Native American students.

North Dakota students were much more likely to have played on a school sports team in the past 12 months (60.2%) than the national average (43.5%). Rural students were more likely to have played in a school sports team (White males, 71.5%; White females, 63.8%; Native American males, 71.6%; Native American females, 47.7%) than their urban counterparts (54.9%; 46.1%; 55.8%; 38.7% respectively).

North Dakota students were also more likely to have played on a non-school sports team in the past year (39.5%) than the national average (34.1%). North Dakota 9th grade students were more likely to have played on a non-school sports team (44.4%) than were 12th grade students (36.6%). Urban students were just as likely to have played on a non-school sports team as rural students. There was no racial difference in non-school sports team participation among females. However, North Dakota

Native American male students (58.4%) were more likely to have played on a non-school sports team than White students (46.5%).

In summary, North Dakota students appear to be more physically active than the national average. However, a key physical fitness question could not be analyzed due to wording of the question by the Centers for Disease Control. Future surveys will be needed in North Dakota to assess the level of adolescent physical fitness.

TABLE 9
PHYSICAL FITNESS

BEHAVIOR	ND RATE	USA RATE	NATIONAL YEAR 2000 OBJECTIVE
Enrolled in PE Class	64.4%	56.5%	NA
Daily PE Class	24.3%	21.5%	50%
School Sports Team	60.2%	43.5%	NA
Non-School Sports Team	39.5%	34.1%	NA

VI. Survey Instrument

North Dakota Youth Survey
Study Conducted By
NORTH DAKOTA DEPARTMENT OF HEALTH
Bismarck, ND

DIRECTIONS

- Thank you for participating in the North Dakota Youth Survey. The answers that you and other students provide will help us better understand young people and design more meaningful educational programs. Several thousand students across North Dakota are participating in this study.

- We will need about 35 minutes or less of your time to answer these questions. DO NOT SIGN YOUR NAME on the questionnaire or on the answer sheet. You need not be concerned that anyone will know how you have answered the questions.

- This is not a test and you are not timed on any questions. However, you should not skip around but, instead, start with question 1 and go through all of the questionnaire.

- You should have a survey booklet, an answer sheet, and an envelope in front of you.

- On the answer sheet you will find a section that says "Special Codes." The individual handing out the forms will place your "Special Code" on the blackboard. Please enter the number in the "Special Codes" section of the scanning form. This number is a district code and will only be used to summarize data over a large group of students.

- The questions or statements in this survey are followed by several responses. For each question or statement, you should fill in only one numbered circle beneath the letter on your answer sheet that corresponds to the one answer you think is correct or best reflects your opinion or situation.

- Fill in only one circle for each question. Please fill in the circle completely. A pencil should be used rather than an ink pen. Completely erase any answer you wish to change.

- When you have completed the questionnaire, put your answer sheet in the envelope provided, and pass the envelope to the individual who handed out the questionnaires. That individual will place all envelopes in a larger envelope and he/she will seal it. No one at your school will see or read your answers.

- You are not required to answer the survey.

- We think you will enjoy completing the questionnaire, and thank you for your cooperation.

1. How old are you?

   a. 12 years old or younger
   b. 13 years old
   c. 14 years old
   d. 15 years old
   e. 16 years old
   f. 17 years old
   g. 18 years old or older

2. What is your sex?

   a. Female
   b. Male

3. In what grade are you?

   a. 9th grade
   b. 10th grade
   c. 11th grade
   d. 12th grade
   e. Ungraded or other

4. How do you describe yourself?

   a. White - not Hispanic
   b. Black - not Hispanic
   c. Hispanic
   d. Asian or Pacific Islander
   e. Native American or Alaskan Native
   f. Other

5. Compared to other students in your class, what kind of student would you say you are?

   a. One of the best
   b. Far above the middle
   c. A little above the middle
   d. In the middle
   e. A little below the middle
   f. Far below the middle
   g. Near the bottom

6. How often do you wear a seat belt when riding in a car driven by someone else?

   a. Never
   b. Rarely
   c. Sometimes
   d. Most of the time
   e. Always

7. During the past 12 months, how many times did you ride a motorcycle?

   a. 0 times
   b. 1 to 10 times
   c. 11 to 20 times
   d. 21 to 39 times
   e. 40 or more times

8. When you rode a motorcycle during the past 12 months, how often did you wear a helmet?

   a. I did not ride a motorcycle during the past 12 months
   b. Never wore a helmet
   c. Rarely wore a helmet
   d. Sometimes wore a helmet
   e. Most of the time wore a helmet
   f. Always wore a helmet

9. During the past 12 months, how many times did you ride a bicycle?

   a. 0 times
   b. 1 to 10 times
   c. 11 to 20 times
   d. 21 to 39 times
   e. 40 or more times

10. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

    a. I did not ride a bicycle during the past 12 months
    b. Never wore a helmet
    c. Rarely wore a helmet
    d. Sometimes wore a helmet
    e. Most of the time wore a helmet
    f. Always wore a helmet

11. During the past 30 days, how many times did you ride in a car or other vehicle drive by someone who had been drinking alcohol?

    a. 0 times
    b. 1 time
    c. 2 or 3 times
    d. 4 or 5 times
    e. 6 or more times

12. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

    a. 0 times
    b. 1 time
    c. 2 or 3 times
    d. 4 or 5 times
    e. 6 or more times

13. During the past 12 months, when you went swimming in places such as a pool, lake, or ocean, how often was an adult or a lifeguard watching you?

    a. I did not go swimming during the past 12 months
    b. Never
    c. Rarely
    d. Sometimes
    e. Most of the time
    f. Always

14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?

a. 0 days
b. 1 day
c. 2 or 3 days
d. 4 or 5 days
e. 6 or more days

15. During the past 30 days, what one kind of weapon did you carry most often?

a. I did not carry a weapon during the past 30 days
b. A handgun
c. Other guns, such as a rifle or shotgun
d. A knife or razor
e. A club, stick, bat, or pipe
f. Some other weapon

16. During the past 12 months, how many times were you in a physical fight?

a. 0 times
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 6 or 7 times
f. 8 or 9 times
g. 10 or 11 times
h. 12 or more times

17. The last time you were in a physical fight, with whom did you fight?

a. I have never been in a physical fight
b. A total stranger
c. A friend or someone I know
d. A boyfriend, girlfriend, or date
e. A parent, brother, sister, or other family member
f. Someone not listed above
g. More than one of the persons listed above

18. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

a. 0 times
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 6 or more times

19. Have you ever had a dating situation become violent with hitting or force used?

a. Yes
b. No
c. I don't know

Sometimes people feel so depressed and hopeless about the future that they may consider attempting suicide, that is, taking some action to end their own life.

20. During the past 12 months, did you ever seriously consider attempting suicide?

a. Yes
b. No

21. During the past 12 months, did you make a plan about how you would attempt suicide?

a. Yes
b. No

22. During the past 12 months, how many times did you actually attempt suicide?

a. 0 times
b. 1 time
c. 2 or 3 times
d. 4 or 5 times
e. 6 or more times

23. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

a. I did not attempt suicide during the past 12 months
b. Yes
c. No

The next nine questions ask about cigarette smoking.

24. Have you ever tried cigarette smoking, even one or two puffs?

a. Yes
b. No

25. Do you think you will try cigarette smoking during the next 12 months?

a. I have already tried cigarette smoking
b. Yes, I think I will try cigarette smoking during the next 12 months
c. No, I think I will not try cigarette smoking during the next 12 months

26. How old were you when you smoked a whole cigarette for the first time?

a. I have never smoked a whole cigarette
b. Less than 9 years old
c. 9 or 10 years old
d. 11 or 12 years old
e. 13 or 14 years old
f. 15 or 16 years old
g. 17 or more years old

27. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?

a. Yes
b. No

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28. How old were you when you first started smoking cigarettes regularly (at least one cigarette every day for 30 days)?

a. I have never smoked cigarettes regularly
b. Less than 9 years old
c. 9 or 10 years old
d. 11 or 12 years old
e. 13 or 14 years old
f. 15 or 16 years old
g. 17 or more years old

29. During the past 30 days, on how many days did you smoke cigarettes?

a. 0 days
b. 1 or 2 days
c. 3 to 5 days
d. 6 to 9 days
e. 10 to 19 days
f. 20 to 29 days
g. All 30 days

30. During the past 30 days, ont he days you smoked, how many cigarettes did you smoke per day?

a. I did not smoke cigarettes during the past 30 days
b. Less than 1 cigarette per day
c. 1 cigarette per day
d. 2 to 5 cigarettes per day
e. 6 to 10 cigarettes per day
f. 11 to 20 cigarettes per day
g. More than 20 cigarettes per day

31. During the past 6 months, did you try to quite smoking cigarettes?

a. I did not smoke cigarettes during the past 6 months
b. Yes
c. No

32. Where dod you get cigarettes most often?

a. I do not smoke cigarettes
b. Convenience store
c. Grocery store
d. Vending machine
e. Friends buy them for me
f. Friends give them to me

33. During the past 30 days, did you use chewing tobacco, such as Redman, Levi Garrett, or Beechnut, or snuff, such as Skoal, Skoal Bandits, or Copenhagen?

a. No, I did not use chewing tobacco or snuff during the past 30 days
b. Yes, chewing tobacco only
c. Yes, snuff only
d. Yes, both chewing tobacco and snuff

34. Where do you get snuff or chewing tobacco most often?

a. I do not use snuff or chewing tobacco
b. Convenience store
c. Grocery store
d. Friends buy them for me
e. Friends give them to me

The next five questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

35. How old were you when you had your first drink of alcohol other than a few sips?

a. I have never had a drink of alcohol other than a few sips
b. Less than 9 years old
c. 9 or 10 years old
d. 11 or 12 years old
e. 13 or 14 years old
f. 15 or 16 years old
g. 17 or more years old

36. During your life, on how many days have you had at least one drink of alcohol?

a. 0 days
b. 1 or 2 days
c. 3 to 9 days
d. 10 to 19 days
e. 20 to 39 days
f. 40 to 99 days
g. 100 or more days

37. During the past 30 days, on how many days did you have at least one drink of alcohol?

a. 0 days
b. 1 to 2 days
c. 3 to 5 days
d. 6 to 9 days
e. 10 to 19 days
f. 20 to 29 days
g. All 30 days

38. During the past 30 days, on how many oays did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

a. 0 days
b. 1 day
c. 2 days
d. 3 to 5 days
e. 6 to 9 days
f. 10 to 19 days
g. 20 or more days

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39. In the past six months, how many times have you been drunk, "bombed" or very high on alcohol (beer, wine, liquor)?

a. 0 days
b. 1 day
c. 2 days
d. 3 to 5 days
e. 6 to 9 days
f. 10 to 19 days
g. 20 or more days

The next three questions ask about the use of marijuana, which is also called grass or pot.

40. How old were you when you tried marijuana for the first time?

a. I have never tried marijuana
b. Less than 9 years old
c. 9 or 10 years old
d. 11 or 12 years old
e. 13 or 14 years old
f. 15 or 16 years old
g. 17 or more years old

41. During your life, how many times have you used marijuana?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 to 99 times
g. 100 or more times

42. During the past 30 days, how many times did you use marijuana?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

43. How old were you when you tried any form of cocaine, including powder, crack, or freebase, for the first time?

a. I have never tried cocaine
b. Less than 9 years old
c. 9 or 10 years old
d. 11 or 12 years old
e. 13 or 14 years old
f. 15 or 16 years old
g. 17 or more years old

44. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

45. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

46. During your life, how many times have you used crack or freebase forms of cocaine?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

47. During your life, how many times have you used any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

48. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?

a. 0 times
b. 1 or 2 times
c. 3 to 9 times
d. 10 to 19 times
e. 20 to 39 times
f. 40 or more times

49. During your life, have you ever injected (shot up) any illegal drug?

a. Yes
b. No

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50. To what extent is sexual abstinence a priority for you at this time in your life?

a. Very important
b. Quite important
c. Important
d. Slightly important
e. Not important at all

51. Do you believe sexual abstinence is the only 100% sure way of avoiding pregnancy, venereal disease, or AIDS?

a. Absolutely
b. I have some reservations
c. I think this is a scare tactic on the part of adults

52. To what extent does peer pressure influence your sexual activity?

a. Great extent
b. Somewhat
c. Not at all

53. Have you ever been taught about AIDS/HIV infection in school?

a. Yes
b. No
c. Not sure

54. Have you ever talked about AIDS/HIV infection with your parents or other adults in your family?

a. Yes
b. No
c. Not sure

55. Have you ever had sexual intercourse?

a. Yes
b. No

IF YOU ANSWERED "NO" TO NUMBER 55, PROCEED TO NUMBER 65.

56. How old were you when you had sexual intercourse for the first time?

a. Less than 12 years old
b. 12 years old
c. 13 years old
d. 14 years old
e. 15 years old
f. 16 years old
g. 17 or more years old

57. During your life, with how many people have you had sexual intercourse?

a. 1 person
b. 2 people
c. 3 people
d. 4 people
e. 5 people
f. 6 people

58. Has anyone ever used emotional or physical control to have sex with them against your will?

a. Yes
b. No

59. During the past 3 months, with how many people did you have sexual intercourse?

a. I have had sexual intercourse, but not during the past 3 months
b. 1 person
c. 2 people
d. 3 people
e. 4 people
f. 5 people
g. 6 or more people

60. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

a. Yes
b. No

61. The last time you had sexual intercourse, did you or your partner use a condom?

a. Yes
b. No

62. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)

a. No method was used to prevent pregnancy
b. Birth control pills
c. Condoms
d. Withdrawal
e. Some other method
f. Not sure

63. How many times have you been pregnant or gotten someone pregnant?

a. 0 times
b. 1 time
c. 2 or more times
d. Not sure

64. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease such as genital herpes, genital warts, chlamydia, syphilis, gonorrhea, AIDS, or HIV infection?

a. Yes
b. No

65. How do you think of yourself?

a. Very underweight
b. Slightly underweight
c. About the right weight
d. Slightly overweight
e. Very overweight

66. Which of the following are you trying to do?

a. Lose weight
b. Gain weight
c. Stay the same weight
d. I am not trying to do anything about my weight

67. During the past 7 days, which one of the following did you do to lose weight or to keep from gaining weight?

a. I did not try to lose weight or keep from gaining weight
b. I dieted
c. I exercised
d. I exercised and dieted
e. I used some other method, but I did not exercise or diet

68. During the past 7 days, which one of the following did you do to lose weight or to keep from gaining weight?

a. I did not try to lose weight or keep from gaining weight
b. I made myself vomit
c. I took diet pills
d. I made myself vomit and took diet pills
e. I used some other method, but I did not vomit or take diet pills

The next eight questions ask about food you ate yesterday. Think about all meals and snacks you ate yesterday from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

69. Yesterday, did you eat fruit?

a. No
b. Yes, once only
c. Yes, twice or more

70. Yesterday, did you drink fruit juice?

a. No
b. Yes, once only
c. Yes, twice or more

71. Yesterday, did you eat green salad?

a. No
b. Yes, once only
c. Yes, twice or more

72. Yesterday, did you eat cooked vegetables?

a. No
b. Yes, once only
c. Yes, twice or more

73. Yesterday, did you eat hamburger, hot dogs, or sausage?

a. No
b. Yes, once only
c. Yes, twice or more

74. Yesterday, did you eat french fries or potato chips?

a. No
b. Yes, once only
c. Yes, twice or more

75. Yesterday, did you drink milk or eat cheese or yogurt?

a. No
b. Yes, once only
c. Yes, twice or more

76. Yesterday, did you eat cookies, doughnuts, pie, or cake?

a. No
b. Yes, once only
c. Yes, twice or more

77. On how many of the past seven days did you brush your teeth?

a. 0 days
b. 1 day
c. 2 days
d. 3 days
e. 4 days
f. 5 days
g. 6 days
h. 7 days

78. During the past 12 months, how many times did you visit the dentist for examination, teeth cleaning, or dental work?

a. 0 times
b. 1 or 2 times
c. 3 or more times

79. How many cavities have you had in your permanent teeth?

a. 0
b. 1
c. 2 to 3
d. 4 to 5
e. 6 or more
f. Not sure
g. I don't know. I have never gone to the dentist.

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80. During the past 7 days, how many days did you eat breakfast?

a. 0 days
b. 1 day
c. 2 days
d. 3 days
e. 4 days
f. 5 days
g. 6 days
h. 7 days

81. Where did you eat breakfast?

a. I did not eat breakfast
b. At home
c. At school
d. Restaurant/fast food
e. Other

82. On how many of the past 7 days did you exercise or participate in sports activities that made you sweat and breathe hard, such as basketball, jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities?

a. 0 days
b. 1 day
c. 2 days
d. 3 days
e. 4 days
f. 5 days
g. 6 days
h. 7 days

83. On how many of the past 7 days did you do stretching exercises, such as toe touching, knee bending, or leg stretching?

a. 0 days
b. 1 day
c. 2 days
d. 3 days
e. 4 days
f. 5 days
g. 6 days
h. 7 days

84. On how many of the past 7 days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

a. 0 days
b. 1 day
c. 2 days
d. 3 days
e. 4 days
f. 5 days
g. 6 days
h. 7 days

85. Yesterday, did you walk or bicycle for at least 30 minutes at a time? (Include walking or bicycling ot or from school.)

a. Yes
b. No

86. On an average week when you are in school, on how many days do you go to physical education (PE) classes?

a. 0 days
b. 1 day
c. 2 days
d. 3 days
e. 4 days
f. 5 days

87. During an average physical education (PE) class, how many minutes od you spend actualy exercising or playing sports?

a. I do not take PE
b. Less than 10 minutes
c. 10 to 20 minutes
d. 21 to 30 minutes
e. More than 30 minutes

88. During the past 12 months, on how many sports teams run by your school did you play? (Do not include PE classes.)

a. None
b. 1 team
c. 2 teams
d. 3 or more teams

89. During the past 12 months, on how many sports teams run by organizations outside of your school did you play?

a. None
b. 1 team
c. 2 teams
d. 3 or more teams

90. During the past 12 months, when you participated in contact sports like hockey, football, boxing, soccer, racquetball, volleyball, basketball, baseball and softball, gymnastics, and wrestling, how many times did you wear a mouthguard?

a. I did not participate in contact sports
b. Never
c. Rarely
d. Sometimes
e. Most of the time
f. Always

Thank you for your cooperation.
Please place answer sheet in the envelope provided and wait for directions from the teacher.

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